

ENTERPRISE HOSPITAL & NURSING HOME

COUNSELING FORM

Curley Young Nursing 5/12/92
NAME OF EMPLOYEE DEPARTMENT DATE

SUBJECT AND EXPLANATION OF COUNSELING

Because you did not call or come in
5/10/92 - You are suspended for three days
according to policy of this facility. 2nd.
time will mean termination

DEFENDANT'S
EXHIBIT

2 267107
Young

EMPLOYEE COMMENTS

This is to certify that I have received counseling
on the above described subject.

x Curley Young
SIGNATURE OF EMPLOYEE
Jean D. Mathews
SIGNATURE OF COUNSELOR